

2020

# MEXICO MISSION TRIP

## REGISTRATION FORM

Print your full name as it appears on your passport:  
*(it must match your passport for purchasing the airline ticket)*

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Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Will you have this cell phone with you on the trip? \_\_\_\_\_ YES \_\_\_\_\_ NO

Date of Birth: \_\_\_\_\_

Do you have legal border crossing passage between the United States of America and Mexico? \_\_\_\_\_ YES \_\_\_\_\_ NO

Passport Issue Country: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Passport Expiration Date: \_\_\_\_\_

*Passport expiration date must be at least 6 months past dates of trip*

Please explain any special dietary needs:

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Please explain any health concerns that will impact the group trip:

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I have read all of the information on this page, in the trip informational PDF, and online ([www.lacasadecristo.com/mexico](http://www.lacasadecristo.com/mexico)) and agree to participate in this trip. I acknowledge that the airline tickets and other occurred expenses of La Casa de Cristo are non-refundable in the case of cancellation.

Signature: \_\_\_\_\_

Submit this Registration Form to the church office with a \$700 deposit by March 1, 2020.